

in amniotic fluid contain cytoplasmic lipid which stains orange with Nile blue sulfate dye.

- A marked preponderance of cornified and precornified over parabasal and intermediate squamous cells in a Papanicolaou-stained smear of amniotic fluid.

Because there is a small false positive and a somewhat larger false negative component to amniotic fluid measurements, these tests must be correlated with other clinical findings. When properly interpreted, they make it possible to terminate pregnancy before term with reasonable assurance that the fetus is mature.

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#### REFERENCES

- Bishop EH, Corson S: Estimation of fetal maturity by cytological examination of amniotic fluid. *Amer J Obst Gynec* 102:654-664, 1968
- Pitkin RM, Zwirek SJ: Amniotic fluid creatinine. *Amer J Obst Gynec* 98: 1135-1139, 1967
- Mandelbaum B, Evans TN: Life in the amniotic fluid. *Amer J Obst Gynec* 104:365-376, 1969

### "Come and Go" Aspiration Abortion

Today, termination of first trimester pregnancy (therapeutic abortion) is becoming the most common surgical procedure performed on women. Significant reflections of this revolution are observed in the recent decline, not only in the numbers of septic incomplete abortions but also in maternal mortality due to abortion.

"Come-and-Go" aspiration abortions performed by trained personnel in hospital environs, adjacent to facilities prepared for surgical emergencies, show no increase in morbidity compared with admissions to the hospital for presurgical preparation and observation for 12 to 24 hours after abortion. The outpatient abortion is not only safe, efficient, effective, and minimally embarrassing to the patient, but also offers: (1) abbreviated clerical admissions procedures; (2) elimination of needless enemas, douches, and vulvar shaving; (3) minimal use of hospital personnel who can then attend acutely ill patients or those recovering from major operations; (4) anonymity by surgical scheduling through identification number or attending physicians; and (5) short convalescence at home

with maximum privacy and minimum regimentation.

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#### REFERENCES

- Margolis AJ, Stewart GK, Easter M, et al; Therapeutic abortion without hospitalization. To be published in *Advances in Planned Parenthood*, Vol VI, New York, Excerpta Medica Foundation

### Clomid® in the Treatment of Oligo-Amenorrhea

Since its release several years ago, Clomid® (clomiphene citrate, Merrill) has proven to be a safe and highly effective drug for the induction of ovulation. Although the package insert lists its sole indication as the "induction of ovulation in women with ovulatory failure who desire pregnancy," numerous reports from around the world cite Clomid's efficacy in the treatment of irregular or infrequent menses.

In the absence of thyroid and adrenal dysfunction and when there is no decided pituitary or ovarian insufficiency, one or two tablets of Clomid daily for up to five days will result in ovulation within 10 days in over 70 percent of cases. Side effects such as multiple ovulation, cystic enlargement and ovarian pain are infrequent and are usually the result of overstimulation of the ovaries. When pregnancy occurs, there is no significant increase in fetal abnormalities but the spontaneous abortion rate is slightly higher than normal. For this reason it is recommended that Clomid-induced pregnancy be supported with progesterone and close supervision. When precocious or menopausal ovarian failure or pronounced hypopituitarism exists, induction of ovulation with Clomid is rarely successful.

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#### REFERENCES

- Kistner RW: Induction of ovulation with clomiphene citrate (Clomid). *Obstet Gynec Surv* 20:873-899, 1965
- Macgregor AH, Johnson JE, Bunde CA: Further clinical experience with clomiphene citrate. *Fertil Steril* 19:616-622, 1968